

REQUIREMENTS FOR SUBMITTING YOUR TEMPORARY EVENT APPLICATION

1. Please answer **ALL** questions. Review your application to make certain you have not missed anything.
2. Incomplete applications will delay the process time.
3. Print legibly so that we may process your application in a timely manner.
4. Make sure you **sign and date** the application on page 4.
5. If you are using a commissary for preparation or storage, include the **signed** commissary agreement on page 10.
6. If you are a licensed facility outside of Lake County include a copy of your license/permit and your most recent health inspection report.
7. Make sure your payment is included with your application.

PLEASE NOTE:

- Permit fees are non-refundable
- Please allow 3-5 days for mail delivery. Applications must be **received** at least 7 days prior to the event to avoid being charged a late fee.
- Applications that are received with no payment **will not** be processed.
- **If you are applying for a reduced permit fee by having a certified manager please have that manager's certificate on site. If there is no certified manager on site you will be charged the higher fee.**
- If you will have multiple stands at an event ***and*** are applying for the reduced permit fees by having a certified manager you must have a certified manager at **each** stand. One certified manager cannot work at multiple stands.
- If you are using water from a private water well there must be a satisfactory water sample taken within the last 12 months.
- You will receive application approval after we review your paperwork.
- You will receive a checklist of required items needed to operate based on your application

FOR OFFICE USE ONLY

TOTAL PAID \$ _____
CASH _____ CHECK # _____
CREDIT CARD: VISA MC AMEX DISC
LAST 4 DIGITS _____
EXP DATE ____/____/____

2015 APPLICATION FOR TEMPORARY FOOD SERVICE EVENT

Applications and fees must be **received at least 7 days prior to the event** or a \$33.00 late fee will be assessed.

Fees are non-refundable

IMPORTANT: Complete ALL sections AND answer all questions!

SECTION A – APPLICANT INFORMATION

NAME OF RESTAURANT/ORGANIZATION/INDIVIDUAL APPLYING FOR THIS PERMIT

CONTACT NAME

CONTACT TELEPHONE #

ADDRESS OF RESTAURANT/ORGANIZATION/INDIVIDUAL APPLYING FOR THIS PERMIT

CITY

STATE

ZIP CODE

HOW DO YOU WANT TO RECEIVE YOUR APPROVAL?

FAX #

E-MAIL ADDRESS

FAX E-MAIL

ARE YOU REQUIRED TO SUBMIT LCHD APPROVAL TO THE EVENT ORGANIZER OR COORDINATOR?

YES NO **IF YES, BY WHAT DATE?**

ARE YOU A LICENSED LAKE COUNTY FOOD FACILITY WITH A CURRENT PERMIT?

YES NO

ARE YOU A LICENSED FOOD FACILITY OUTSIDE OF LAKE COUNTY?

YES NO **IF YES, ATTACH A COPY OF YOUR MOST RECENT HEALTH INSPECTION (REQUIRED)**

ARE YOU CURRENTLY REGISTERED AS A COTTAGE FOOD OPERATION?

YES NO **IF YES, ATTACH A COPY OF YOUR REGISTRATION**

ARE YOU USING A SELF CONTAINED MOBILE TRAILER?

YES NO

Note: To qualify for a reduced fee or fee waiver you must have one of the certificate types listed below.

SEE PAGE 6 FOR DETAILS

WILL YOU HAVE SOMEONE ON SITE WHO HAS COMPLETED AN ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) APPROVED 8-HOUR FSSMC COURSE AND SUCCESSFULLY PASSED A STATE EXAMINATION **OR** THE CITY OF CHICAGO MANAGER CERTIFICATION?

YES NO **IF YES, EITHER COMPLETE THE BELOW SECTION OR ATTACH A COPY OF THE CERTIFICATE (REQUIRED)**

NAME OF CERTIFIED MANAGER

ID OR CERTIFICATE #

EXPIRATION DATE

____/____/____

WILL YOU HAVE SOMEONE ON SITE WHO HAS TAKEN **EITHER** THE CHICAGO SUMMER FOOD FESTIVAL TRAINING **OR** LAKE COUNTY HEALTH DEPARTMENT TRAINING THIS CALENDAR YEAR **OR** THE ANSI FOOD HANDLER TRAINING?

YES NO **IF YES, EITHER COMPLETE THE BELOW SECTION OR ATTACH A COPY OF THE CERTIFICATE (REQUIRED)**

NAME OF CERTIFIED MANAGER

ID OR CERTIFICATE #

EXPIRATION DATE

____/____/____

ARE YOU APPLYING FOR A NOT-FOR-PROFIT STATUS AND PERMIT FEE WAIVER?

YES NO **If yes, Attach a copy of your tax exempt letter OR list your tax exempt number**

LIST YOUR EVENT(S)

A SINGLE PERMIT IS GOOD FOR UP TO 14 CONSECUTIVE DAYS AT THE SAME LOCATION

A FARMERS MARKET OR SEASONAL PERMIT IS GOOD FOR SIX MONTHS

LAKE COUNTY FAIR REQUIRES A SEPARATE PERMIT AND CANNOT BE INCLUDED IN A SEASONAL PERMIT

SECTION B - EVENT INFORMATION

1.	START DATE ____/____/____	END DATE ____/____/____	TIME OF FOOD SERVICE AM / PM
	NAME OF EVENT		
	ADDRESS OF EVENT		CITY
2.	START DATE ____/____/____	END DATE ____/____/____	TIME OF FOOD SERVICE AM / PM
	NAME OF EVENT		
	ADDRESS OF EVENT		CITY
3.	START DATE ____/____/____	END DATE ____/____/____	TIME OF FOOD SERVICE AM / PM
	NAME OF EVENT		
	ADDRESS OF EVENT		CITY
4.	START DATE ____/____/____	END DATE ____/____/____	TIME OF FOOD SERVICE AM / PM
	NAME OF EVENT		
	ADDRESS OF EVENT		CITY
5.	START DATE ____/____/____	END DATE ____/____/____	TIME OF FOOD SERVICE AM / PM
	NAME OF EVENT		
	ADDRESS OF EVENT		CITY

SECTION C - MENU ITEMS - you must list ALL items that will be served/sold except canned sodas, bottled water, bagged chips, or candy bars						
The Lake County Health Department reserves the right to exclude any menu item						
MENU ITEM	SAMPLES ONLY	PREPARED ON SITE	PREPARED AT A LICENSED FACILITY	HOW WILL FOOD BE PREPARED OR COOKED AT EVENT	HOT HOLD AT EVENT	COLD HOLD AT EVENT

SECTION D - FOOD STORAGE, PREPARATION AND SERVICE INFORMATION			
<p align="center">FOOD PURCHASED PRIOR TO THE EVENT MUST BE EITHER STORED IN A LICENSED FACILITY (SEE ATTACHED COMMISSARY AGREEMENT) OR PURCHASED THE DAY OF THE EVENT AND RECEIPTS OF PURCHASE PROVIDED.</p> <p align="center">NO FOOD MAY BE STORED OR PREPARED AT HOME!</p>			
<p>WHERE WILL FOOD BE STORED PRIOR TO THE EVENT?</p> <p>LICENSED FOOD FACILITY (NAME OF FACILITY & ADDRESS) _____</p> <p>PURCHASED THE DAY OF EVENT AND PROVIDE RECEIPTS</p>			
<p>WHAT TYPE OF HANDWASHING WILL BE PROVIDED (REQUIRED FOR EVERY VENDOR)</p> <p>PORTABLE (CLOSED CONTAINER W/HANDS FREE SPIGOT) HANDWASH SINK</p> <p>Note: Hand "sanitizers" are NOT an acceptable substitute for required hand-washing set-up</p>		<p>UTENSIL AND EQUIPMENT WASHING</p> <p>3-COMPARTMENT SINK 3-BUCKETS EXTRA UTENSILS</p>	<p>SOURCE OF WATER</p> <p>CITY WELL</p>
<p>PLEASE PROVIDE THE DISTANCE THAT YOU WILL BE TRANSPORTING FOOD TO THE EVENT</p>	<p>WILL ANY FOOD BE REHEATED AT THE EVENT?</p> <p>YES NO</p>	<p>IF YES, HOW WILL FOODS BE REHEATED TO AT LEAST 165°F?</p> <p>MICROWAVE GRILL OVEN</p>	
<p>WHAT EQUIPMENT WILL YOU USE TO CONTROL TEMPERATURES DURING TRANSPORT?</p> <p>COOLERS WITH ICE COLD HOLDING UNIT FOR COLD FOODS HOT HOLDING UNIT FOR HOT FOODS</p>			
<p>HOT-HOLDING EQUIPMENT</p> <p>STOVE STEAM TABLE CHAFING DISH WARMER OVEN CROCK POT GRILL NONE</p>	<p>COLD-HOLDING EQUIPMENT</p> <p>REFRIGERATOR COOLER (WITH ICE) FREEZER NONE</p>	<p>SANITIZING SOLUTION IS REQUIRED</p> <p>CHLORINE (BLEACH) QUATERNARY AMONIUM IODINE</p>	<p>BARE HAND CONTACT MINIMIZED BY</p> <p>GLOVES TONGS SPATULAS PAPER</p>

I agree to notify Lake County Health Department if any changes are made to menu items.

X _____
Signature of person in charge of food service operation - **SIGNATURE REQUIRED** Date _____

MENU ITEMS (these are not complete lists but are examples only)	
CATEGORY I	
All prepackaged foods (sandwiches, salads, fruit cups, cheese, etc.)	Juices
Baked goods	Lemonade shake-ups
Bulk candy	Milk
Cooked corn on the cob	Nacho cheese with dispenser
Corn dogs (pre-battered)	Pancakes/waffles
Cotton candy	Peanuts/nuts
Creamers (for coffee), milk, whipped topping	Pizza slices - made at a licensed facility (with a certified manager/trained operator)
French fries, onion rings, mozzarella sticks, etc.	Popcorn/kettle corn
Frozen drinks	Pretzels
Frozen meat (must provide broker's license)	Samples only (i.e., salsa, dips, baked goods, etc.)
Funnel cakes	Shakes/malts
Hot dogs (with a certified manager/trained operator)	Smoothies
Ice cream	Snow cones/Italian ices
CATEGORY II	
All ready-to-eat meats/sandwiches (not pre-packaged)	Hot dogs (without a certified manager/trained operator)
Bratwurst, polish, sausage (pre-cooked or not)	Italian beef-commercially packaged
Chicken breasts or fish fillets for sandwiches	Onion blossoms
Chili (canned)	Pizza slices - made at a licensed facility (without a certified manager/trained operator)
Corn dogs (battered on site)	Potato pancakes
Cut fruit, sliced cheese (prepared on-site)	Pre-cooked poultry (i.e., chicken wings)
Hamburgers	Samples only (i.e., chicken, vegetables, etc.)
CATEGORY III	
BBQ beef/pork	Poultry-whole/quartered/pieces, raw, marinated or required other on-site preparation
Chili (not canned)	
Egg rolls, tempura vegetables	Ribs/Rib tips
Gyros	Seafood/sushi
Italian beef-prepped at a licensed facility & reheated at event	Tacos/burritos/tamales
Meat roasts of all types	Turkey/turkey legs

What type of permit are you applying for? ***If you have questions regarding what category you will be – PLEASE call us at (847) 377-8040***

NFP	FEE
Category I, II, or III (certified manager/trained operator required)	-0-
CATEGORY I	
1-14 day permit	\$22
Farmers markets only	\$83
Seasonal permit	\$83
CATEGORY II	
1-14 day with a certified manager/trained operator	\$44
1-14 day without a certified manager/trained operator	\$83
Farmers markets only (certified manager required/trained operator)	\$139
Seasonal permit (certified manager required/trained operator)	\$139
CATEGORY III	
1-14 day permit with a certified manager/trained operator	\$66
1-14 day permit without a certified manager/trained operator	\$139
LATE FEE	
Late fee if application is not received at least 7 days prior to event	\$33

Make check payable to Lake County Health Department and mail to 500 W. Winchester Rd., Suite 102, Libertyville, IL 60048. You may also fax your application to 847-984-5622. To pay with a credit card, please complete the payment form on page 6 and return with your application.



Lake County

Health Department and
Community Health Center

Temporary Event Training Options

In order to receive a reduced fee for Category II (medium risk) or III (high risk) Temporary Food Service Event, LCHD accepts any of the following trainings.

- ① **LCHD Temporary Food Service Event Training Class - (1) year expiration;**
- ② **ANSI Food Handler Training Programs – (3) year expiration; or**
- ③ **IDPH Food Service Sanitation Manager Certification (FSSMC) – (5) year expiration**

- ① The **LCHD Temporary Food Service Event Training Class** covers food safety, sanitation and code requirements that are essential to conducting a safe and sanitary temporary food service event in Lake County. This class provides temporary food service event vendors/workers with a better understanding of how handling food correctly prevents foodborne illness. Although the class is aimed to educate not-for-profit temporary event vendors who do not have an IDPH certified food service sanitation manager or trained food handlers, any vendor may attend. The Temporary Food Service Event Training is valid for one (1) year from the date of training.

2015 LCHD Temporary Food Service Event Classes

Central Permit Facility
500 W. Winchester Road Libertyville, IL
Follow the signs to the Permit Center

April 6th 3:00-4:30 pm
May 4th 8:30-10:00 am
June 9th 3:00-4:30 pm
July 14th 8:30-10:00 am
August 4th 3:00-4:30 pm
September 7th 8:30-10:00 am
October 13th 3:00-4:30 pm

Please call **847-377-8040** to sign up!



- ② The **ANSI (American National Standards Institute) Food Handler Training Programs** expires three (3) years from date of completion. The course and assessment can be completed online, 24 hours / 7 days a week. Upon passing the assessment, the certificate is immediately available to print.

<u>Food Handler Program</u>	<u>Website</u>	<u>Online Price</u>	<u>Languages Offered Online</u>
Above Training/ StateFoodSafety.co	http://www.statefoodsafety.com/	\$10.00	English, Spanish, Mandarin,
eFoodhandlers, Inc.	http://www.efoodhandlers.com/	\$10.00	English, Spanish
Mindleaders, Inc.	http://www.mindleaders.com/ca-food-card/	\$14.95	English, Spanish
National Registry of Food Safety Professionals	http://www.envhealthtesting.com/foodhandler.aspx	\$12.95	English, Spanish and Chinese
National Restaurant Assoc.	http://www.servsafe.com/home	\$15.00	English and Spanish
Premier Food Safety	http://www.premierfoodsafety.com/california-food-handler-card	\$9.95	English, Spanish, Chinese, Korean and Vietnamese
SafeFoodTest.com	http://www.safefoodtest.com/	\$9.95	English
Safeway Certifications, LLC	http://www.safewayclasses.com/	\$10.00-\$15.00	English, Spanish, Chinese/Mandarin
TAP Series	http://www.tapseries.com/index.html	\$15.00	English and Spanish
U of I Urbana-Champaign	http://idph.fshn.illinois.edu/	\$9.95	English and Spanish

③ **IDPH (Illinois Department of Public Health) Food Service Sanitation Manager Certification**

What is a food service sanitation manager certification?

Complete an Illinois Department of Public Health (IDPH) approved 8-hour FSSMC course, successfully pass a state examination and pay a \$35 certificate fee to the IDPH.

Where are IDPH approved courses listed?

Refer to the list of IDPH approved food service sanitation certification providers for contact and course information. **Also, visit the IDPH website at**

<http://public.dph.illinois.gov/fssmccourses/> **for a listing of FSSMC courses.**

What is the option for renewing a valid Illinois FSSMC Certificate?

Attend an approved 8 hour FSSMC course and pass the exam every five (5) years. This must be completed prior to the certificate expiration date.

Will IDPH send a renewal application?

A renewal notice will only be sent if IDPH has a current address for the person. If the address is up-to-date, they will receive a letter explaining the new requirements one year in advance and a renewal application three months before their expiration date. If the certified person has not received an application, please contact an Environmental Health Practitioner or by calling IDPH at 217-785-2439.

Food Service Sanitation Manager Certification (FSSMC) Courses

<http://public.dph.illinois.gov/fssmccourses/>

The Illinois Department of Public Health (IDPH) requires all food service establishments to have a manager/supervisor certified in food service sanitation. IDPH approved courses are offered by the companies listed below in various locations throughout the northern portion of Illinois:

<p>*Foodservice Safe Lake/Cook/DuPage/McHenry/Kane Phone: 847.254.5405 John@foodservicesafe.com www.foodservicesafe.com</p>	<p>*Food Protection Systems, Inc. Gurnee Phone: 847.244.0432 mak@foodprotectionsystems.net www.foodprotectionsystems.net</p>
<p>*City Colleges of Chicago Chicago (Classes available in Chinese) Phone: 312.553.5807 www.ccc.edu</p>	<p>*College of Lake County Grayslake Phone: 847.543.2041 www.clcillinois.edu</p>
<p>*Oakton Community College Des Plaines/Skokie Phone: 847.982.9888 www.oakton.edu</p>	<p>*Illinois Restaurant Association Chicago Phone: 312.787.4000 www.illinoisrestaurants.org</p>
<p>Food Safety and Environmental Solutions Lake Phone: 847.865.5106 www.fse-solutions.com</p>	<p>*Safe Food Handlers Corporation New Berlin Phone: 888.793.5136 www.sfhcorp.com</p>
<p>Nutrition Care Systems, Inc. Elgin Phone: 847.888.8177 or 800.761.9200 www.nutritioncaresystems.com</p>	<p>*Food Industry Training Lake/Cook/DuPage/Kane Phone: 630.690.3818 www.foodindustrytraining.net</p>
<p>*Paladin Management Consultants Naperville Phone: 630.554.3663 www.safefood.com</p>	<p>Linda Roberts and Associates Wheaton Phone: 630.752.8823 www.rdoffice.net</p>
<p>Greg Stolis and Associates DuPage/Lake Phone: 630.960.1135</p>	<p>Paul McDonnell & Associates Aurora/Elgin/Geneva Phone: 630.896.3662</p>
<p>*Corporate Training Center Chicago Area 800.705.8204 www.ctcfoodsantiation.com</p>	<p>*McHenry County College Crystal Lake Phone: 815.455.8588 www.mchenry.edu</p>
<p>*The Safe Dining Associates DuPage/Downers Grove Phone: 630.434.0588 www.safedining.com</p>	<p>*Classes also offered in Spanish</p>



Population Health Services
500 W. Winchester Road, Suite 102
Libertyville, IL 60048-1331
Phone 847 377 8040
Fax 847 984 5622
www.lakecountyil.gov

TEMPORARY EVENT APPLICATION CREDIT CARD PAYMENT

TO PAY BY CREDIT CARD – PLEASE COMPLETE

VENDOR NAME - _____ DATE OF EVENT - _____

Please check one: MASTERCARD VISA DISCOVER AMERICAN EXPRESS

Credit Card #: _____

Cardholder Name: _____ Expiration date: _____/_____
(Print name exactly as it appears on the card)

Security Code #: _____
(Back of Card)

Billing Address: _____
Street # Street Name City State Zip

Amount to be charged: \$ _____ Contact Telephone: _____ - _____ - _____

Signature: _____

COMMISSARY AGREEMENT

(**Do not** complete if you are using your own facility)

Date

I, _____ of _____
(Name of owner/operator) (Name of establishment)

located at _____
(Address of establishment)

do hereby give my permission to _____
(Name of mobile unit/temporary event vendor)

to use my kitchen facilities to perform the following:

- ___ Preparation of foods such as vegetables or fruits, cutting meats, cooking, cooling, reheating
- ___ Storage of foods, single service items, and cleaning agents
- ___ Service and cleaning of equipment

X _____
Commissary owner/operator - **SIGNATURE REQUIRED** Phone Number _____

*** If this facility is licensed outside of Lake County, provide a copy of the most recent food inspection report with this commissary agreement. ***

This Commissary Agreement is valid for this calendar year only